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## Long Island/Mattapan Hospitals Master Plan

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Public Facilities Department  
City of Boston

Long Island/Mattapan Hospitals Master Plan

Scope of Services

A. SUMMARY

The City of Boston, through its Public Facilities Department, is seeking proposals, to be submitted by June 26, 1989, for a master plan of the Long Island and Mattapan Hospitals sites.

The master plan has three phases:

Phase I. Information base

Phase II. Options for land use combinations in

- o health care
- o human services
- o housing
- o parkland and recreation

Cost/benefit analysis of each option

Phase III. Development Guidelines for the preferred option

The consultant team will have expertise and experience in the following areas:

- o master planning, land use planning and architecture
- o environmental analysis and landscape architecture
- o health care and human services planning and funding
- o housing development
- o development feasibility analysis
- o public participation process
- o computer aided design capability

The lead firm will be the master planning firm. Other areas of expertise will either be demonstrated to be contained within the lead firm's team or will be represented by other firms or individuals acting as sub-contractors to the lead firm. Sub-contractors can submit as part of more than one team. Minority and women owned businesses are encouraged to apply.

The time period for the consultant study is 8 months in three separate phases. Public decision periods between each phase, totalling 2 months, are not part of the consultant team's study period. Selected tasks during a public forum series conducted between Phases I and II are part of the consultant team's scope of services.



Professional Fee for the Master Plan: \$250,000 plus reimbursables.

Fee payments will be issued as per schedule of completed phases of work. Reimbursables include field surveys for boundaries and topography, soil tests, and measured drawings of existing buildings. Photography, presentation boards, and the printing of interim documents and final master plan report are part of professional fees.

Date of Request for Proposals: May 30, 1989  
Submission Date for Proposals: June 26  
Selection of Consultant Team: July 17  
Starting Date for Master Plan (Executed Contract Date): September 25, 1989  
Earliest Expected Submission Date of Completed Study: July 16, 1990

Consultant teams are invited to submit proposals at the bid room of the Public Facilities Department, 26 Court Street, 6th floor, by June 26. The proposal should include the following:

1. A general approach to the master plan goals and process.
2. The combined qualifications and experience of the consultant team in the required areas of expertise, including projects, if any, on which lead firm and sub-contractors have worked together.
3. The structure of the consultant team identifying the project manager and other members of the lead firm, key individuals of the sub-contracting firms, and time commitments to the project.
4. A Work Plan developed in response to the scope of services, describing a schedule of steps and products the lead firm is prepared to coordinate and produce, which tasks will be performed by which sub-contractor, revisions to the time frame if needed, and other changes or clarifications as may support the general approach outlined in 1.

Firms are encouraged to propose their own sequence of steps and tasks, which may be at variance with the present scope, if they feel such a sequence would better support the project's goals. Time periods may be revised accordingly, but the fee is not to exceed the stated amount.

Finalist teams will be interviewed by the master plan project director, project staff, and steering committee.

The Mattapan site can be visited with notification to security personnel. The Long Island site cannot be visited. Maps of the sites and previous plans and studies can be consulted at the office of the project director, Long Island/Mattapan Hospitals master plan, Public Facilities Department, 8th floor, Boston, Mass. 02108. All other questions should be addressed to the same office, at 720-4300 extension 212.



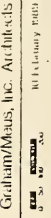
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MATTAPAN HOSPITAL

City of Boston, Raymond L. Flynn, Mayor

Masterplan  
Mattapan/Long Island



## **B. PROJECT DESCRIPTION**

The Department of Health and Hospitals of the City of Boston operates three campuses and is associated with a network of community health centers for the delivery of acute care, chronic care and public health services. The main campus, Boston City Hospital, is an acute care facility. The two other campuses house chronic care hospitals.

The master plan concerns the sites of the city's two chronic care hospitals, Mattapan Hospital on River Street in Mattapan and Long Island Hospital in Boston Harbor. The sites are the largest city-owned parcels of land within the city of Boston. The purpose of the master plan is to generate options for programs in chronic care and human services at both sites, options for a housing program at Mattapan, and options for park development and recreation at Long Island. The final product of the master plan will be comprehensive development guidelines for the preferred option in each land use component.

### **B.1 Site Descriptions**

#### **Mattapan Hospital Site**

Founded in 1901 as the Boston Sanatorium, Mattapan Hospital now provides health care to 151 chronically ill patients. Occupying 36 acres of a 56 acre site on River Street in Mattapan, the campus contains 18 buildings, built between 1870 and 1930, of which 8 are vacant. There are 91,000 square feet of vacant space, or 25% of total floor area. Of the buildings in use, several are occupied by non-hospital functions.

Mattapan Hospital is undertaking a major renovation of its main building, the Foley building, to bring the facility up to code, and to specialize and improve the delivery of health services to increasingly disabled chronically ill patients. All present 151 chronic care beds are on three floors of the Foley building.

The rest of the site contains two distinct 10 acre areas of undeveloped wooded upland, surrounded by a residential neighborhood of single family homes and elderly public housing. Travel time by car from downtown Boston to Mattapan Hospital, in good traffic conditions, is 25 minutes. Buses run along River Street from the Ashmont Station on the MBTA's red line.

#### **Long Island Hospital Site**

Founded in 1882 as the Boston Almshouse, Long Island Hospital has evolved and expanded over time into a number of facilities for the institutional care of the city's indigent, homeless men, unwed mothers, and alcoholics. The hospital now contains 193 beds for primarily frail elderly patients, many of whom require heavy care. There are 5 patient ward buildings, of which one has been renovated. The campus occupies 60 acres of a 213 acre island in Boston Harbor. It contains 21 buildings, built between 1893 and 1975, of which 6 are vacant, in addition to the half of the administration building. There are 126,760 square feet of vacant space, or 31% of total floor area.



The rest of the island is made up of three main areas. The Long Island Head is a 40 acre area containing the nationally registered Long Island Lighthouse on the island's smaller drumlin, gun embankments and the remains of Fort Strong, and a flat open area known as the parade grounds containing the remains of former houses and military facilities. At the entrance to the island is a 30 acre natural preserve of pine groves, meadows, and 16 acres of wetlands. The center of the island is an 83 acre area of flat open land on the island's larger drumlin, and includes a 4 acre Civil War cemetery, unmarked burial grounds of former hospital patients, and a 12 acre former Nike Missile site.

Long Island, which is presently closed to the general public, is connected by the Long Island Bridge to Moon Island, which in turn is connected by a causeway to Squantum, a neighborhood of the City of Quincy. Road access to the city-owned Long Island is thus through the City of Quincy. Travel time by car from downtown Boston to Long Island, in good traffic conditions, is 30 minutes.

The Long Island Bridge, Moon Island, and the causeway are part of the master plan in that they form the land access infrastructure to Long Island. Land use options on Moon Island are not considered within the scope of the master plan.

### **Human Services**

In addition to the two hospitals, several human services programs occupy various buildings on the campuses, and are included in the calculation of used space. Seven residential programs, totalling 96 beds at Mattapan, and 452 beds at Long Island, offer shelter to homeless individuals, residential treatment for adolescent and adult substance abusers, and transitional housing for homeless families. In addition, two programs at Mattapan serve 80 out-patients a day in stress counselling for police officers and their families, and adult day care activities primarily for elderly residents of the surrounding community.

### **Current User Population**

The total population of patients (hospitals and detoxification centers), clients (residential and out-patient programs), guests (homeless shelter), and residents (transitional housing), at both sites is approximately 970 individuals. The total population of direct care personnel, administrative personnel, and support services personnel at both sites is approximately 800 individuals. The City is committed to keeping a strong institutional presence at both sites.





## B.2 Master Plan Issues

### Operating and Capital Costs

The Mattapan and Long Island Hospitals sites each contain more land and buildings than are necessary for the current operations of the hospitals and human services. Substantial parts of facilities and infrastructure are old and in disrepair. With a smaller patient population than the campuses were built for originally, maintenance and operations costs have risen. The isolation of the Long Island site requires it to maintain its own firehouse, a water tower, and a water sewage treatment plant. Deferred maintenance over time has resulted in costly capital projects.

The master plan will identify current and projected costs of maintaining both campuses as they are, including the costs of upgrading facilities to code, as the base line option. Capital and operating costs of other options will be based on different programs, including for the health care and human services components: the regrouping and reconfiguration of services at either site, rehabilitation of reusable buildings, and new construction; for the housing component: different density levels and proportions of special needs housing in new construction at Mattapan; and different levels of use intensity for a park and recreation program at Long Island.

The transportation and utilities infrastructure needed to support the combined new uses at each site will also be part of the cost analysis.

### Health Care and Human Services

The Department of Health and Hospitals is facing a future of increased fiscal constraints, both in its annual budget from city appropriations, and from a changing reimbursement structure in Medicaid, Medicare, and free care pool funds.

At the same time, new developments in health care needs, particularly the growing population of persons with AIDS, and the surge in drug addiction, place new demands on its mandate to provide public health services. The Department is currently identifying priorities in the delivery of its health services, and assessing the size and characteristics of city-wide populations with special needs.

An option the Department is interested in studying is the creation of a continuum of long term care, which would consist of chronic care hospital services, hospice and respite care, nursing home care, congregate housing, and independent housing with home care services, not only for its traditional elderly population, served by the current chronic care hospitals, but also for other populations with long term care needs.



The human services programs operating at the site currently serve homeless individuals and families, and substance abusers. In addition to these populations, the Department is assessing the city-wide needs of persons with AIDS, disturbed adolescents, and abused children. Part of the master plan will be to identify location opportunities at the sites for some of these populations.

Similar to a continuum of long term care, an array of human services, from emergency shelter and medical detoxification, to transitional residential programs and out-patient services, could be located and operated in a way that would take advantage of their proximity to each other, and of the characteristics of each site: isolation at Long Island, and integration in a community at Mattapan.

The master plan will identify different programs for long term care and human services, involving rehabilitation and new construction within the campuses, their development costs, sources of funding and reimbursement structure. The study will also identify different ways of developing and managing the sites and their implications on costs and revenues.

The City of Boston wishes to continue to honor a long tradition of health care for its neediest citizens, as well as a commitment of leadership in the provision of new types of human services, arising out of changing medical and social conditions. The masterplan is an opportunity to develop a site specific combination of health care and human services that would meet fiscal constraints and serve a renewed policy of care.

## HOUSING

The City of Boston, through its Public Facilities Department, has established a successful track record in developing affordable housing and special needs housing in its neighborhoods. It has the planning capacity to support housing initiatives and development opportunities, public or private, as may be identified through the master plan. Special needs housing are defined by staffed units of housing, including intermediate care facilities for the mentally retarded, the mentally ill, transitional housing for recovering substance abusers, transitional housing for homeless individuals and families, and single room occupancy housing. There is overlap between the populations to be served through the human services program and the special needs units of the housing component. The study will determine which groups would best be served through programs on the hospital campuses, in reused or new buildings, and which could be located within a new housing development at Mattapan. Consultants will determine the marketability of the Mattapan parcels for different income groups, work closely with the adjoining community to determine acceptable levels of density and of special needs units, determine development costs and revenues, options for development and managing entities, and identify sources of funding.

A twenty acre city-owned site in the middle of an established residential community is an unparalleled opportunity for Boston to serve the housing needs of its residents, through a planning process involving existing neighbors and future users, and to set a leading example of how special needs housing can be integrated into new housing development.



## PARKLAND AND RECREATION

Long Island is the largest of a natural system of over 30 islands in Boston Harbor. Since the creation of the Boston Harbor Islands State Park in 1970, Long Island has been included in master plans to be developed as parkland. Well placed to be a central destination in a growing network of water transportation, it could be developed as a complement to the harbor's more natural islands, to serve the recreation needs of urban residents. Several planning studies have identified the environmental characteristics of the island, and proposed specific development concepts for a program of parkland and recreation.

The master plan will study the relationship of Long Island's proposed park development to the other islands of the harbor and to the other parks of the city, determine the potential for water access and water related uses on the island, identify recreation programs and development costs of different levels of use intensity, and identify sources of funding. A major issue to be studied within the context of opening the island to the general public will be the physical and programmatic boundaries between park users and the populations to be served at the site of the hospital campus.

The city is committed to developing a park at Long Island, which will be a unique amenity, both as a city resource, and as a functional part of the Boston Harbor Islands State Park.

### C. PROJECT GOALS

The master plan of Long Island and Mattapan Hospitals will allow the City of Boston and its departments of Health and Hospitals, Public Facilities, Environment, and the Office of Capital Planning, to take the initiative and leadership in planning for its largest publicly-owned sites, a combination of uses inspired by a commitment to social needs.

A comprehensive approach to both sites will determine how best to maintain a core of chronic level services, while directing new uses to:

- o a continuum of long term care from hospice and respite care, to nursing homes, and congregate housing, to independent housing with home care services, for the elderly and other populations with long term care needs
- o an array of human services, from emergency shelter, and detoxification treatment, to residential programs and different stages of transitional housing, for populations with special needs
- o housing development, including affordable housing and special needs housing



- o parkland, passive and active recreation, and water related uses
- o small scale commercial uses such as may support a housing community at Mattapan and a recreation program at Long Island.

The master plan will also seek to accomplish several site specific goals:

1. reduce the operating costs of managing two underused and aging campuses, and the capital costs of upgrading facilities and utilities, by regrouping services, striving for self-supporting programs, and considering revenue producing development options
2. increase the quality of health care services, and prepare for new public health initiatives, by building flexible supported living environments for populations with long term care needs
3. locate an array of needed human services programs in a sequence that takes advantage of their proximity to each other, and of the sites' characteristics
4. maximize the return on the public investment of a considerable infrastructure of vacant buildings, roads, utilities, and a bridge, many in need of repair, by reusing existing facilities where feasible, and by opening the sites to more users
5. open to the public, especially to residents with less resources, the largest, city-owned, island of Boston Harbor, with unparalleled views, natural amenities, and recreational opportunities, and a unique potential for environmental and historical education

Excluded from the scope of the master plan are the following options:

- the relocation of chronic care hospital beds from Mattapan to Long Island
- public or private development options on long Island, outside the hospital campus, that do not support parkland and recreation uses
- public or private development options within the hospital campus of Long Island that do not support the provision of health care and human services
- commercial uses, private office space or retail development, except such small commercial operations as may support the recreation and water-related uses of Long Island, and the housing community of Mattapan
- industrial uses





1989 1990

MAY JUNE JULY AUG SEPT OCT NOV DEC JAN FEB MARCH APRIL MAY JUNE JULY



SCOPE

ADVERTISE

SELECT

CONTRACT

PUBLIC FORUM

PHASE I : INFORMATION

PRODUCT 1 →

Δ Δ Δ Δ

CAB 1 CAB 2 CAB 3 CAB 4 CAB 5 CAB 6 CAB 7

PHASE II : OPTIONS

PRODUCT 2 →

PHASE III : GUIDELINES

PRODUCT 3 →

APPOINT CAB SELECT OPTION APPROVE STUDY

SELECT CONSULTANT

Review Periods

Meetings with Project Staff

Public Presentations

Meetings with CAB

Presentations to Steering Committee

\* \* \*

LONG ISLAND/MATTAPAN HOSPITALS MASTER PLAN  
TIME LINE



## D. PHASES OF WORK, TASKS AND PRODUCTS

### D.1 Phase I

Purpose: gather all information about current sites and operations necessary for the determination and evaluation of future land use options.

#### Tasks:

1. Meet with project staff to ratify Work Plan and agree on next steps
2. Review previous plans and studies of the sites, demographic characteristics of surrounding neighborhoods, and other information as supplied by project staff

### 3. Site Conditions

(items marked by \* indicate work already done; some up-dating may be necessary)

Assemble or generate information on existing site conditions:

- site boundaries
- topography, vegetation \*, wetlands \*, drainage characteristics, presence of ledge, hazardous materials or waste ( \* done for Long Island)
- coastal erosion, fort conditions, pier evaluation at Long Island
- areas of historical and archaeological significance \* (done for Long Island)
- inventory of facilities \*: age, square footage, construction type, condition, and current use (both sites)
- presence of asbestos
- inventory and present capacity of utilities\* (both sites)
- map of electrical supply\*
- maps of water, sewer and steam lines
- current transportation capacity of access roads to both sites
- currently applicable regulatory environment: zoning, FAR, use restrictions, easements, ownership and legal constraints
- reuse potential \* of existing facilities: cost per square foot of upgrading to different types of uses, regulated by different codes and standards (done for hospital use, both sites)
- measured drawings of Buildings I, E and Nurses' Residence at Mattapan and of Recreation Hall, Chaplain's House, and Nurse's Residence at Long Island (total: 106,700 square feet)
- net useable land area of Mattapan site and of hospital campus at Long Island site
- committed capital plans for utilities and facilities at both sites
- future plans regarding sewage treatment plant at Long Island
- planning context of each site: city initiatives, long term public developments by other public agencies
- regulatory environment for future development: environmental notification and review requirements, public permitting process, licensing requirements



#### 4. Service Operations and Costs

Analyze current service operations and costs of the hospitals and human services:

- description of current users \*: type, census, and average stay of population served, type and numbers of personnel, building and square footage occupied, operating budgets, sources of funding and institutional characteristics
- description of operations \*: type of care and service provided, origin and destination of populations served, site issues
- evaluation of fit between current uses and buildings
  
- operating costs and revenues of the hospitals
- current and projected capital costs of servicing and maintaining sites in their present condition (FY88 - FY93)\*
- portion of Health and Hospitals operating budget allocated to facilities operations and maintenance, per program unit
- portion of human services providers operating budget allocated to maintenance, and capital projects undertaken \*
  
- codes and standards, for rehabilitation and for new construction, applicable to the range of hospital, institutional housing and housing uses contemplated for the sites
- projected capital costs of upgrading current patient wards at Long Island to hospital codes and standards
- range of development costs per square foot for new construction of chronic care facilities, nursing homes, congregate housing, residential programs, other special needs housing, youth hostels, day camps and permanent housing

#### 5. Projected Needs and Preliminary Programs

With information partially provided by project staff, project future needs assumptions, based on demographics, previous planning studies, market studies, anticipated trends, regulatory requirements, fiscal constraints, and sources of funding for preliminary programs in:

- health care and human services: identification of groups of populations to be served, based on city-wide needs assessment \* conducted by the Department of Health and Hospitals, of populations with special needs
- site characteristics required for the treatment component of different health and human services programs
- adjacency and separation requirements of different populations, among each other and with the general public
- relationship of sites to other hospitals and services
- marketability of sites for private operators of long term care facilities
- marketability of sites for congregate housing and supported living housing



- housing: housing and neighborhood conditions surrounding Mattapan site
  - marketability of Mattapan site for different income levels of residents
  - identification of populations to be served for special needs housing
  - site characteristics required for different types of housing
  - range of feasible densities, targeted income groups
  - transportation and parking requirements
  - open space requirements
- recreation: identification of potential users, visitor levels, targeted groups
  - programmatic relationship of Long Island to other harbor islands, and to other city parks
  - water access requirements for projected use levels
  - potential role of Long Island in harbor water transportation network
  - water-related uses potential
  - visitation levels necessary to support seasonal restaurant, other uses
- 6.-8. Meet with project staff to review Site Conditions, Service Operations and Costs, and Projected Needs and Preliminary Programs
9. Present findings of Phase I to steering committee

Time period for Phase I: 2 months

#### Product 1

Presentation boards summarizing graphically the information gathered in Phase I.

Three interim reports, on Site Conditions, Service Operations and Costs, and Projected Needs and Preliminary Programs.

In addition to the information itemized above, Product I should contain an Executive Summary, a Land Use History of the Sites (based on information provided), and a Planning History of the Sites (review of previous studies and plans)

Meetings with projected staff: 4  
Presentation to steering committee: 1

#### D.2 Public Forum Series

The purpose of this series is to invite public discussion on the future uses of the sites, as a preliminary step to appointing a Community Advisory Board for both sites, which will review work progress at selected times during the next phases of the master plan. The series will have a maximum of four sessions. An invited audience will be composed of key individuals having a policy interest or management responsibility at the sites, constituents and advocates of specific uses, residential abutters and community leaders, and potential developers and providers of different services.





The overall organization of the series, the mailing and public notices, selection of speakers, and the appointment of the Community Advisory Board, will be the responsibility of the project staff, and are outside the consultants' scope of services.

The consultants will be responsible for presenting information, recording and publishing proceedings of the sessions, and incorporating the results of the discussions into the subsequent phases of the master plan

Tasks:

1. Present findings of Phase I, using presentation boards, audio-visual materials, and additional fact sheet summaries as needed, to four sessions of a public forum
2. Answer technical and factual questions
3. Record proceedings of the series: summary of presentations, questions and answers, discussions, and conclusions.
4. Incorporate results of the series into next phases of the master plan

Time Period for Public Forum Series: 1 month

Product: Proceedings of Public Forum Series



### D.3 Phase II

Purpose: To identify feasible options of use combinations at the sites.

Tasks:

1. Meet with project staff and Community Advisory Board (CAB) to discuss roles and next steps.
2. Use Combination Options

Based on site conditions, costs, and projected needs identified in Phase I, generate a maximum of three options of use combinations at each site.

Define the location, density, and mix of:

- different levels of health care, from chronic, to nursing home and congregate housing, to supported living environments, for the elderly and other populations with medical and long term needs
- an array of human services for populations with special needs
- housing development, including affordable housing and special needs housing
- parkland, active and passive recreation, and water related uses
- commercial uses as may support housing and recreation

3. Cost/Benefit Analysis of Each Option

For each option identified, define:

- capital and operating costs, and revenues
- ownership and management options and their impact on costs and revenues
- public improvements package
- sources of capital and operating funds, subsidies, and financing strategies
- overall development feasibility
- needed approvals, permitting and licensing requirements

- 4.- Meet with project staff and CAB to present all options together and compare them. Record minutes.
- 5.-6. Meet two more times with same group, for further discussion of one or more options, as may be requested by the CAB. Record minutes.
7. Present findings of Phase II: Options to the steering committee and recommend a preferred option
8. Present Options to a public session of the same audience as for the public forum series.

Time Period for Phase II: 3 months



## Product 2

Presentation boards displaying graphically the different options.  
Summary fact sheets for use at Community Advisory Board review meetings.  
Minutes of the CAB Review Meetings: Use Options

Report: Use Options for the Long Island and Mattapan Hospital Sites.

Review meetings with projected staff and CAB: 4  
Presentation to Steering Committee: 1  
Pubic presentation: 1

After Phase II, there is a one month hiatus for the preferred option to be discussed and selected by the Mayor.

## D.4 Phase III

Purpose: To define development guidelines for the selected option of use combinations at the Long Island/Mattapan Hospitals sites.

Tasks:

1. Meet with project staff and CAB to agree on directions for the development in more detail of the selected option.
2. Selected Option of Use Combinations
  - describe which areas of each site are allocated to which land uses
  - identify buildings to be rehabilitated, demolished, and location of new buildings
  - describe the chronic care program: number of beds, or other unit of service, levels of care, location, adjacencies with other uses, costs, and management
  - describe the human services program: number of beds, or other unit of service, type of service, location, adjacencies with other uses, costs and management
  - describe the housing program: number and type of units, income mix, number and type of special needs units, retail uses, costs and management
  - describe the recreation program: passive and active parkland areas, buildings to be reused for recreational programs, new facilities, water access, water-related uses, commercial operations, costs and management
  - access improvements and parking requirements for both sites
  - utilities improvements for both sites



### 3. Public Improvements Package

- describe improvements and new components to infrastructure necessary to support the selected option: road access, water access, utilities, parking
- identify new public construction
- provide capital plan budget and identify sources of capital funding

### 4. Environmental, Siting, and Design Guidelines

- define reserved natural areas and their protection requirements
- identify tests, studies, permits, licenses, and other requirements needed to further develop the sites
- define guidelines for the location, massing, height, and setbacks of new buildings and their relationship to existing features of the sites
- define guidelines for the improvements of existing roads, the design of new ones, and the siting of parking
- define guidelines for the boundaries and relationships between institutional users of the hospital campus at long Island and park users
- define landscaping guidelines
- define architectural guidelines and visual and functional relationships to surrounding neighborhood

### 5. Ownership, Management and Funding

- describe the selected option of ownership and management for the different program components of the sites
- perform a pro-forma analysis of total development costs and revenues
- identify the public/private allocation of costs
- identify sources of capital and operating funds

### 6. Implementation

- describe a phasing plan for the subsequent development of parcels and different program components of the sites
- describe control and management of sites and operations during construction

- 7-9. Meet 3 times with project staff and CAB to review Development Guidelines as they progress. Record minutes and incorporate comments into plan.
10. Present Guidelines to a public session of the same audience as the public forum series.

Time period for Phase III. 2 months





### Product 3

Minutes of the CAB Review Meetings: Development Guidelines

Reports: Master Plan for the Long Island and Mattapan Hospitals Sites  
combining information and findings of previous phases, and  
incorporating review comments

Development Guidelines for the Long Island/Mattapan Hospitals Sites  
a shorter document, including executive summary of the Master Plan,  
and intended for distribution to potential public and private  
developers

Meetings with project staff and CAB: 3

Presentation to Steering Committee: 1

Public Presentation: 1



## E. PROJECT MANAGEMENT

### E.1 Consultant team qualifications

Consultants are asked to submit proposals that demonstrate experience and expertise in the general areas listed below. Interviews of finalists will seek to elicit the specific qualities of each area. Selection criteria will be based on those qualities.

- o Master planning, land use planning, and architecture (lead firm)
  - ability to structure large-scale projects
  - ability to coordinate tasks from different disciplines
  - ability to work in a team
  - knowledge of site conditions analyses, buildings and utilities, codes and standards, rehabilitation of older buildings, and construction costs
  - architectural design and vision
- o Health care and human services planning and funding
  - ability to advise on health care and human services policy
  - knowledge of chronic care facilities, operations, codes, standards, and costs
  - knowledge of Massachusetts reimbursement environment
  - knowledge of human services providers, operations, and clients
- o Environmental analysis and landscape architecture
  - ability to analyse and design landscapes
  - ability to program, design, and cost recreational uses
  - knowledge of applicable federal, state, and local environmental regulations
- o Housing development
  - knowledge of development economics and market conditions for different types of housing, especially affordable housing in Boston
  - knowledge of special needs housing, program requirements, clients, and providers
  - knowledge of housing agencies, programs, funding requirements, codes and standards
- o Feasibility analysis
  - ability to develop cost/benefit analyses of mixed-used projects
  - ability to advise on overall feasibility of different options of use combinations
  - knowledge of public and private financing mechanisms
- o Public participation processes
  - ability to make public presentations structured for discussion
  - ability to listen, negotiate, and revise plans on the basis of community advisory board recommendations



- o computer aided design capability
  - this area is not mandatory, but would facilitate the generation and manipulation of site specific use options

### General Conditions:

Individual firms can combine more than one area of expertise.

Sub-contractors can submit as part of more than one team

Minority Owned and Women Owned Businesses are particularly encouraged to apply and should identify their certification as such.

### E.2 Client Team Structure

The steering committee giving policy direction to the master plan is made up of

- o the Director of the Public Facilities Department (PFD)
- o the Commissioner of the Department of Health and Hospitals (DHH)
- o the Director of the Environment Department
- o the Director of the Office of Capital Planning (OCP)

PFD is the planning agency undertaking the masterplan

DHH is the client agency, as the present and one of the future users of the sites

ED oversees programs in conservation, parkland, and waterfront planning

OCP funds the study and coordinates the outcome of the master plan with the city's other capital expenditures

The project staff includes the director, of the Planning Division of PFD, who is responsible for the management of the master plan project, including the consultant team study. All exchanges of information and decisions between client agencies and the consultant team will go through the project director.

Other members of the project staff are representatives of:

- o PFD: Assistant Director of Planning
- o DHH: Director of Planning and Director of Long Term Care Planning
- o ED: Environment Program Manager
- o OCP: Budget Supervisor and Budget Analyst

### E.3 Roles

The steering committee

- oversees the project's direction and work
- approves the consultant team selection
- appoints the Community Advisory Board
- recommends a preferred option of uses for the Mayor to select



## The project staff

- defines the project's scope of work and selects the consultant team
- assembles a Consultant Project Brief, containing information about client agencies, current users of the sites, operations, current costs and revenues, and programmatic requirements of future user populations
- channels additional information to the consultant team from other agencies and outside sources
- approves consultants' Work Plan and payments and reimbursements as per schedule of completed tasks defined in the Work Plan
- meets as a group with the consultant team throughout the master planning process
- coordinates the consultant team's role in the public forum series and in Community Advisory Board review meetings
- reviews and approves all products
- recommends a preferred option of uses to the steering committee

## The consultant team

- produces and coordinates the tasks and products listed in the scope, including section reports, proceedings of public forum series, minutes of CAB meetings, and final Master Plan Report and Development Guidelines
- produces base maps from material supplied by the project staff and from reimbursable field surveys, as determined to be necessary at the start of the project
- writes up and circulates minutes of meetings with project staff
- produces context maps of both sites at different scales, to be included in presentation boards of same size
- produces land use options maps for the Mattapan site and for the hospital campus of the Long Island site at the same scale, for visual comparison
- produces park development maps for the whole of Long Island, and for more detailed sections as needed
- produces drawings of specific buildings and sections of the sites as required for cost estimates of rehabilitation, new construction, and site improvements
- produces preliminary cost estimates and development pro-formas for each option of use combination
- produces development guidelines maps and specifications at a scale and level of detail sufficient for feasibility analysis of total project





## F. PREVIOUS STUDIES AND PLANS

In addition to the Consultant Project Brief, which will be available at the start of the project, the following reports are available to the consultant team.

- X "Boston Harbor Island Comprehensive Plan" prepared for the Massachusetts Department of Natural Resources by MEPA, 1972
- "Boston Harbor Management Study" MIT Sea Grant College Program, 1981 MIT/81.1
- X "Mattapan Hospital: the Creation of a New Multi-Level Facility in an Integrated Long Term Care System" submitted to the Permanent Charity Fund of Boston by the Trustees of Health and Hospitals, Inc. 1984
- X "Continuum of Care Plan for the Mattapan Hospital: A Plan for the Future of the Mattapan and Long Island Chronic Disease Hospitals" A Preliminary Report Prepared by Scovell, Shwagger and Fraser, Inc. for Department of Health and Hospitals Division of Long Term Care, 1984
- X "Mattapan Continuum of Care Project Preliminary Feasibility Report and Cost Estimate" Vitols Associates, Architects/Planners, 1984
- X "Siting of Wastewater Treatment Facilities for Boston Harbor: Deer Island, Long Island, and Nut Island" SDEIS/EIR, The Maguire Group, 1984
- X "Boston Harbor Island State Park Master Plan" prepared by Wallace/Floyd Associates for the Department of Environmental Management, 1986
- X "Boston's Open Space. An Urban Open Space Plan. Volume I: The Plan" prepared by the Halvorson Co., Inc., for the Mayor's Office of Capital Planning, 1987
- X "Determination of Need Application for Department of Health and Hospitals Mattapan Hospital" prepared by DH&H for D.O.N. Program, Mass. Department of Public Health, 1987
- X "Long Island Park Development: Issues and Options. A Preliminary Report." the Halvorson Co., Inc., 1988
- X "Facilities Assessment, Mattapan Hospital" and "Facilities Assessment, Long Island Hospital" prepared by Graham/Meus, Inc. for the Public Facilities Department, 1989
- X "Needs Assessment of Five Populations within the City of Boston: the Homeless, Drug and Alcohol Dependent City Residents, City Residents with AIDS, City Adolescents in DYS System, and Abused Children" prepared for the Department of Health and Hospitals, forthcoming, 1989.

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